

| | | | | | |
|---|--|------------------------|--------------------|--|--|
| <p style="text-align: center;">CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i></p> <p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> | | Application Number | 09/963,891 | | |
| | | Filing Date | September 25, 2001 | | |
| | | First Named Inventor | Daniel Drogichen | | |
| | | Art Unit | 2114 | | |
| | | Examiner Name | LOHN, JOSHUA A | | |
| | | Attorney Docket Number | 5681-53600 | | |
| Please change the Correspondence Address for the above-identified patent application to: | | | | | |
| <input checked="" type="checkbox"/> The address associated with Customer Number: | | 58467 | | | |
| OR | | | | | |
| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| City | | State | Zip | | |
| Country | | | | | |
| Telephone | | Email | | | |
| This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). | | | | | |
| I am the: | | | | | |
| <input type="checkbox"/> Applicant/Inventor | | | | | |
| <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| <input checked="" type="checkbox"/> Attorney or agent of record. Registration No. <u>33,929</u> | | | | | |
| <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____ | | | | | |
| Signature | | | | | |
| / B. Noël Kivlin / | | | | | |
| Typed or Printed | | | | | |
| Name B. Noël Kivlin | | | | | |
| Date | | Telephone | | | |
| December 15, 2008 | | (512) 853-8800 | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | |
| <input type="checkbox"/> *Total of _____ forms are submitted. | | | | | |

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.